



City of Taunton
Board of Health
45 School Street
Massachusetts 02780-3212

**Application for Permit to
Construct, Upgrade, Expand and Abandon on-site sewage disposal systems in accordance
with 310 CMR 15.000**

Date: _____

Applicant Name: _____

Address: _____
No. street Town/City state zip

Business phone: _____ Cell phone: _____

Business Name: _____

Business Address: _____
No. street Town/City state zip

Mailing Address: _____
No. street Town/City state zip

Social Security # / FID #: _____

I, _____, owner/operator of _____
do hereby certify that I have received, read and understand the requirements of 310 CMR 15.000, The
State Environmental Code, Title 5, standard requirements for the siting, construction, inspection, upgrade
and expansion of on-site sewage treatment and disposal systems and for the transport and disposal of
septage.

I agree to construct, upgrade, expand or abandon on-site sewage disposal systems according to 310 CMR
15.000 and all applicable local requirements.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Check #: _____

License granted: _____

Exam Date: _____

Permit #: _____

Exam result (attached): Pass _____